

BASIC ACCIDENT FACTS (to be filled out by Supervisor or Manager)

INJURED EMPLOYEE: _____ DEPARTMENT: _____

LENGTH OF SERVICE - With County: _____ On This Job: _____ AGE: ____ SEX: M F

NATURE OF INJURY: _____

NATURE OF PROPERTY DAMAGE: _____

DATE & TIME -- Of Incident: _____ Reported: _____ Investigated: _____ This Report: _____

Explain if all dates are not the same: _____

INCIDENT DESCRIPTION: Describe exactly what happened, including exactly what the employee was doing and any extenuating circumstances:_____
_____**CAUSATION FACTORS****JOB PROCEDURES:** Describe job procedure issues which may have contributed to the incident. Are there established procedures? Did the employee follow prescribed procedure? Were unsafe acts involved?_____

_____**BEHAVIORAL FACTORS:** Are there behavioral issues, such as lack of knowledge, disregard of instructions, inadequate training, emotional upset, or excessive haste, which may have contributed to the incident?_____
_____**PHYSICAL CONDITIONS:** At the incident scene, look at equipment, materials and the environment. Describe the conditions reviewed here or by checking boxes in the list below. Be sure to list any conditions needing corrective action._____

_____**SAFETY PROGRAMS/POLICIES/RULES:** Are there contributing factors that safety policy, inspection, testing, authorization, rules, etc. could correct if implemented?_____

Report By: _____

Manager: _____

Date: _____

Date: _____